

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

PIEDMONT TRIAD ANESTHESIA P A FEDERAL PAC

ADDRESS (number and street)

145 KIMEL PARK DRIVE SUITE 120

Check if different
than previously
reported. (ACC)

WINSTON-SALEM

NC

27103

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00435651

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)☐ July 15
Quarterly Report (Q2)☒ October 15
Quarterly Report (Q3)☐ January 31
Year-End Report (YE)☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y
07 01 2016

through

M M M / D D D / Y Y Y Y Y Y
09 30 2016

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Fyock, Theodore, C., Mr.,

Type or Print Name of Treasurer

Signature of Treasurer

Fyock, Theodore, C., Mr.,

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
10 03 2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

Office
Use
Only**FEC FORM 3X**
Rev. 05/2016

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

PIEDMONT TRIAD ANESTHESIA P A FEDERAL PAC

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
07 / 01 / 2016 To: M M / D D / Y Y Y Y Y Y
09 / 30 / 2016

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2016		44633.94
(b) Cash on Hand at Beginning of Reporting Period.....	22621.94	
(c) Total Receipts (from Line 19)	11000.00	32600.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	33621.94	77233.94
7. Total Disbursements (from Line 31).....	25004.00	68616.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	8617.94	8617.94
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

PIEDMONT TRIAD ANESTHESIA P A FEDERAL PAC

Report Covering the Period:

From:

M M / D D / Y Y Y Y Y
07 / 01 / 2016

To:

M M / D D / Y Y Y Y Y
09 / 30 / 2016

I. Receipts

COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

11000.00

32600.00

(ii) Unitemized

0.00

0.00

(iii) TOTAL (add

Lines 11(a)(i) and (ii).....▶

11000.00

32600.00

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5)

11000.00

32600.00

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3)

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),

12, 13, 14, 15, 16, 17, and 18(c))

11000.00

32600.00

20. Total Federal Receipts

(subtract Line 18(c) from Line 19)

11000.00

32600.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	4.00	516.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	4.00	516.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	4000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	25000.00	64100.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	25004.00	68616.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	25004.00	68616.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	11000.00	32600.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	11000.00	32600.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	4.00	516.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	4.00	516.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 18

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

PIEDMONT TRIAD ANESTHESIA P A FEDERAL PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Almengual, Terrence, , Dr.,

Mailing Address 4248 Saddlewood Forest Drive

City
Winston-Salem

State
NC

Zip Code
27106

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Piedmont Triad Anesthesia, PA

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 30 / 2016

Transaction ID : SA11AI.5196

Amount of Each Receipt this Period

600.00

☐ Memo Item
\$200/MONTHLY

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Castellano, Vincent, , Dr., III

Mailing Address 5452 Brookberry Farm Road

City
Winston-Salem

State
NC

Zip Code
27106

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Piedmont Triad Anesthesia, PA

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 30 / 2016

Transaction ID : SA11AI.5197

Amount of Each Receipt this Period

600.00

☐ Memo Item
\$200/MONTHLY

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Chao, Simon, , Dr.,

Mailing Address 1111 Downing Creek Court

City
Winston-Salem

State
NC

Zip Code
27106

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Piedmont Triad Anesthesia, PA

Occupation (for Individual)
Anesthesiologists

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 30 / 2016

Transaction ID : SA11AI.5198

Amount of Each Receipt this Period

600.00

☐ Memo Item
\$200/MONTHLY

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1800.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 18

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

PIEDMONT TRIAD ANESTHESIA P A FEDERAL PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Colonna, David, , Dr.,

Mailing Address 387 Cedar Trails

City
Winston-Salem

State
NC

Zip Code
27104

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Piedmont Triad Anesthesia, P.A

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 30 / 2016

Transaction ID : SA11AI.5199

Amount of Each Receipt this Period

600.00

☐ Memo Item
\$200/MONTHLY

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Cronin, McNeil, , ,

Mailing Address 145 Kimel Park Drive
Suite 120

City
Winston-Salem

State
NC

Zip Code
27103

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Piedmont Triad Anesthesia, P.A

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 30 / 2016

Transaction ID : SA11AI.5200

Amount of Each Receipt this Period

400.00

☐ Memo Item
\$200/MONTHLY

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Gendrachi, Thomas, , , Jr.

Mailing Address 3748 Burbank Lane

City
Winston-Salem

State
NC

Zip Code
27106

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Piedmont Triad Anesthesia, PA

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 30 / 2016

Transaction ID : SA11AI.5201

Amount of Each Receipt this Period

600.00

☐ Memo Item
\$200/MONTHLY

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1600.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 18

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

PIEDMONT TRIAD ANESTHESIA P A FEDERAL PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Hardie, Greg, , Dr.,

Mailing Address 1619 Appian Way

City
Clemmons

State
NC

Zip Code
27012

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Piedmont Triad Anesthesia, PA

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 30 / 2016

Transaction ID : SA11AI.5202

Amount of Each Receipt this Period

600.00

☐ Memo Item
\$200/MONTHLY

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Hertz, George, , Dr.,

Mailing Address 4232 Lake Cliffe Drive

City
Clemmons

State
NC

Zip Code
27012

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Piedmont Triad Anesthesia, PA

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 24 / 2016

Transaction ID : SA11AI.5203

Amount of Each Receipt this Period

600.00

☐ Memo Item
\$200/MONTHLY

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Johnsrude, Curtis, , Dr.,

Mailing Address 4416 Bent Tree Farm Road

City
Winston-Salem

State
NC

Zip Code
27106

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Piedmont Triad Anesthesia, PA

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 30 / 2016

Transaction ID : SA11AI.5204

Amount of Each Receipt this Period

600.00

☐ Memo Item
\$200/MONTHLY

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1800.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 OF 18

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

PIEDMONT TRIAD ANESTHESIA P A FEDERAL PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Kennedy, Daniel, , Dr.,

Mailing Address 4255 Foxbury Court

City
Winston-Salem

State
NC

Zip Code
27104

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Piedmont Triad Anesthesia, PA

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 30 / 2016

Transaction ID : SA11AI.5205

Amount of Each Receipt this Period

600.00

☐ Memo Item
\$200/MONTHLY

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. McConville, Joseph, , Dr.,

Mailing Address 3120 Millhaven Lake Drive

City
Winston-Salem

State
NC

Zip Code
27106

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Piedmont Triad Anesthesia, PA

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 30 / 2016

Transaction ID : SA11AI.5206

Amount of Each Receipt this Period

600.00

☐ Memo Item
\$200/MONTHLY

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Middleton, Joseph, , Dr.,

Mailing Address 1901 Buena Vista Road

City
Winston-Salem

State
NC

Zip Code
27104

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Piedmont Triad Anesthesia, PA

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 30 / 2016

Transaction ID : SA11AI.5207

Amount of Each Receipt this Period

600.00

☐ Memo Item
\$200/MONTHLY

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1800.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 OF 18

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

PIEDMONT TRIAD ANESTHESIA P A FEDERAL PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Perrott, James, , ,

Mailing Address 145 Kimel Park Drive
Suite 120

City
Winston-Salem

State
NC

Zip Code
27103

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Piedmont Triad Anesthesia, P.A

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 30 / 2016

Transaction ID : SA11AI.5208

Amount of Each Receipt this Period

400.00

☐ Memo Item
\$200/MONTHLY

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Reid, Charles, Derek, ,

Mailing Address 2145 Cherrywood Drive

City
Clemmons

State
NC

Zip Code
27012

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Piedmont Triad Anesthesia, PA

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 30 / 2016

Transaction ID : SA11AI.5210

Amount of Each Receipt this Period

600.00

☐ Memo Item
\$200/MONTHLY

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Saliba, David, L, , II

Mailing Address 1810 Woodstone Drive

City
Winston-Salem

State
NC

Zip Code
27127

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Piedmont Triad Anesthesia, PA

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 30 / 2016

Transaction ID : SA11AI.5211

Amount of Each Receipt this Period

600.00

☐ Memo Item
\$200/MONTHLY

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1600.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 OF 18
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

PIEDMONT TRIAD ANESTHESIA P A FEDERAL PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Scannell, Michael, , Dr.,

Mailing Address 2185 Knight Road

City
Kernersville

State
NC

Zip Code
27284

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Piedmont Triad Anesthesia, PA

Occupation (for Individual)

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1800.00

Date of Receipt

MM / DD / YYYY
09 / 30 / 2016

Transaction ID : SA11AI.5212

Amount of Each Receipt this Period

600.00

☐ Memo Item

\$200/MONTHLY

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Schkolne, Benzion, , Dr.,

Mailing Address 6122 Northwood Road

City
Dallas

State
TX

Zip Code
75225

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Piedmont Triad Anesthesia, PA

Occupation (for Individual)

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1800.00

Date of Receipt

MM / DD / YYYY
09 / 30 / 2016

Transaction ID : SA11AI.5213

Amount of Each Receipt this Period

600.00

☐ Memo Item

\$200/MONTHLY

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Waterer, Ronald, , Dr.,

Mailing Address 689 Lichfield Drive

City
Winston-Salem

State
NC

Zip Code
27104

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Piedmont Triad Anesthesia, PA

Occupation (for Individual)

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1800.00

Date of Receipt

MM / DD / YYYY
09 / 30 / 2016

Transaction ID : SA11AI.5214

Amount of Each Receipt this Period

600.00

☐ Memo Item

\$200/MONTHLY

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1800.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 OF 18

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

PIEDMONT TRIAD ANESTHESIA P A FEDERAL PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Winters, Daniel, , Dr.,

Mailing Address 4180 Dimholt Court

City
Winston-Salem

State
NC

Zip Code
27104

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Piedmont Triad Anesthesia, PA

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 30 / 2016

Transaction ID : SA11AI.5215

Amount of Each Receipt this Period

600.00

☐ Memo Item
\$200/MONTHLY

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

600.00

11000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 13 OF 18

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

PIEDMONT TRIAD ANESTHESIA P A FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. CITIZENS TO ELECT BERT JONES

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		14		2016

Mailing Address 299 FAIRFIELD ROAD

City
REIDSVILLEState
NCZip Code
27320-8293Purpose of Disbursement
CONTRIBUTION

011

Category/
Type

Candidate Name

Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☐ Primary ☒ General
☐ Other (specify) ▼

State: NC District:

FEC Identification Number

C

Transaction ID : SB29.5222

Amount of Each Disbursement this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. COMMITTEE TO ELECT BALLARD FOR NC SENATE

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		24		2016

Mailing Address PO BOX 1493

City
BOONEState
NCZip Code
28607Purpose of Disbursement
CONTRIBUTION

011

Category/
Type

Candidate Name

Office Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2016
☐ Primary ☒ General
☐ Other (specify) ▼

State: NC District:

FEC Identification Number

C

Transaction ID : SB29.5194

Amount of Each Disbursement this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. COMMITTEE TO ELECT DONNY LAMBETH

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		14		2016

Mailing Address 4627 S MAIN STREET

City
WINSTON-SALEMState
NCZip Code
27127Purpose of Disbursement
CONTRIBUTION

011

Category/
Type

Candidate Name

Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☐ Primary ☒ General
☐ Other (specify) ▼

State: NC District:

FEC Identification Number

C

Transaction ID : SB29.5219

Amount of Each Disbursement this Period

3000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

8500.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 14 OF 18

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

PIEDMONT TRIAD ANESTHESIA P A FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. COMMITTEE TO ELECT JONATHAN JORDAN

Mailing Address PO BOX 1473

City
JEFFERSONState
NCZip Code
28640-1473Purpose of Disbursement
CONTRIBUTION

Candidate Name

Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☐ Primary ☒ General
☐ Other (specify) ▼

State: NC District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		24		2016

FEC Identification Number

C**Transaction ID : SB29.5191**

Amount of Each Disbursement this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. COMMITTEE TO ELECT LEE ZACHARY TO NC HOUSE

Mailing Address PO BOX 1780

City
YADKINVILLEState
NCZip Code
27055-1780Purpose of Disbursement
CONTRIBUTION

Candidate Name

Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☐ Primary ☒ General
☐ Other (specify) ▼

State: NC District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		14		2016

FEC Identification Number

C**Transaction ID : SB29.5226**

Amount of Each Disbursement this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. CONRAD COMMITTEE FOR NC HOUSE

Mailing Address 4004 PEMBERTON COURT

City
WINSTON-SALEMState
NCZip Code
27106Purpose of Disbursement
CONTRIBUTION

Candidate Name

Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☐ Primary ☒ General
☐ Other (specify) ▼

State: NC District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		12		2016

FEC Identification Number

C**Transaction ID : SB29.5218**

Amount of Each Disbursement this Period

2500.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

3500.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 15 OF 18

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

PIEDMONT TRIAD ANESTHESIA P A FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. ED HANES FOR NORHT CAROLINA COMMITTEE

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		12		2016

Mailing Address 380-H KNOLLWOOD STREET
SUITE 191City
WINSTON-SALEMState
NCZip Code
27104Purpose of Disbursement
CONTRIBUTION

010

Category/
Type

Candidate Name

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

State: NC District:

FEC Identification Number

C

Transaction ID : SB29.5217

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. FOLWELL COMMITTEE

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		12		2016

Mailing Address P.O. Box 5424

City
Winston-SalemState
NCZip Code
27113Purpose of Disbursement
CONTRIBUTION

011

Category/
Type

Candidate Name

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

State: NC District: 74

FEC Identification Number

C

Transaction ID : SB29.5216

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. JERRY TILLMAN FOR NC SENATE

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		30		2016

Mailing Address 1207 DOGWOOD LANE

City
ARCHADALEState
NCZip Code
27263Purpose of Disbursement
CONTRIBUTION

011

Category/
Type

Candidate Name

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

State: NC District: 29

FEC Identification Number

C

Transaction ID : SB29.5234

Amount of Each Disbursement this Period

1000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

3000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 16 OF 18

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

PIEDMONT TRIAD ANESTHESIA P A FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. JOYCE KRAWIEC FOR NC SENATE

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		14		2016

Mailing Address 7030 INTERLAKEN DRIVE

City
KERNERSVILLEState
NCZip Code
27284Purpose of Disbursement
CONTRIBUTION

011

Category/
Type

Candidate Name

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

State: NC

District: 31

FEC Identification Number

C

Transaction ID : SB29.5228

Amount of Each Disbursement this Period

2000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. KYLE HALL COMMITTEE

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		14		2016

Mailing Address PO BOX 2024

City
KINGState
NCZip Code
27021Purpose of Disbursement
CONTRIBUTION

011

Category/
Type

Candidate Name

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

State: NC

District:

FEC Identification Number

C

Transaction ID : SB29.5223

Amount of Each Disbursement this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. MOORE CITIZENS FOR BOLES

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		24		2016

Mailing Address 425 W PENN AVENUE

City
SOUTHERN PINESState
NCZip Code
28327Purpose of Disbursement
CONTRIBUTION

011

Category/
Type

Candidate Name

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

State: NC

District:

FEC Identification Number

C

Transaction ID : SB29.5189

Amount of Each Disbursement this Period

500.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

3000.00

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 17 OF 18

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

PIEDMONT TRIAD ANESTHESIA P A FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. PAUL LOWE FOR NC SENATE

Mailing Address PO BOX 20262

City
WINSTON-SALEMState
NCZip Code
27120-0262Purpose of Disbursement
CONTRIBUTION

011

Category/
Type

Candidate Name

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

State: NC

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	6			2	0	1	6		

FEC Identification Number

C

Transaction ID : SB29.5230

Amount of Each Disbursement this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. PHIL BERGER COMMITTEE

Mailing Address P.O. BOX 1309

City
EDENState
NCZip Code
27289Purpose of Disbursement
CONTRIBUTION

011

Category/
Type

Candidate Name

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

State: NC

District: 26

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	6			2	0	1	6		

FEC Identification Number

C

Transaction ID : SB29.5229

Amount of Each Disbursement this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. RANDLEMAN SENATE CAMPAIGN

Mailing Address 487 TRIPLE COVE DRIVE

City
WILKESBOROState
NCZip Code
28697-7493Purpose of Disbursement
CONTRIBUTION

011

Category/
Type

Candidate Name

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

State: NC

District: 30

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			2	4			2	0	1	6		

FEC Identification Number

C

Transaction ID : SB29.5193

Amount of Each Disbursement this Period

500.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

6000.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 18 OF 18

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

PIEDMONT TRIAD ANESTHESIA P A FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. THE PAT MCCRORY COMMITTEE

Mailing Address 1235E EAST BLVD, #179

City
CHARLOTTEState
NCZip Code
28210Purpose of Disbursement
CONTRIBUTION

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: NC District:Disbursement For: 2016
☐ Primary ☒ General
☐ Other (specify) ▼011
Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		13		2016

FEC Identification Number

C

Transaction ID : SB29.5188

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify)Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
-------	---	-------	---	-------------

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
-------	---	-------	---	-------------

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

1000.00

25000.00